

The West Bengal University of Health Sciences
MBBS 3rd Professional Part-II Examination (New Regulation)
March - April 2025

Subject: General Surgery
Paper: I

Full Marks: 100
Time: 3 hours

Attempt all questions. The figures in the margin indicate full marks.

1. a) A 40 year old male with history of previous laparotomy about 6 months back for duodenal ulcer perforation having history of mid abdominal pain for about 24 hours was brought to OPD with colicky abdominal pain, visible intestinal peristalsis and frequent vomiting and obvious abdominal distension. What is your provisional diagnosis? How will you differentiate complete and partial small bowel obstruction? What are the signs of strangulation of gut? Mention the types of small bowel obstruction (SBO)? What will be your management in SBO? 1+3+3+3+5
- b) A 32 year old lady attended surgical OPD with painless multiple nodules of various size on both lobes of thyroid and isthmus causing mass in front of the neck and it is also looking ugly. There is no sign of malignancy and thyrotoxicity. What is your diagnosis? What investigations are needed to confirm your diagnosis? How will you manage the patient? Discuss the post-operative complications after thyroid surgery. 1+4+5+5
2. Answer the following:
 - a) Write down the etiology, clinical features, investigations and treatment of acute pancreatitis. 2+3+2+3
 - b) What do you mean by FNAC? Mention its clinical implications. Write down the advantages and disadvantages of FNAC. 2+3+5
 - c) Write down the causes and management of Surgical Site Infection (SSI). Discuss the management of burst abdomen. 5+5
3. Write short notes on the following: 2 x 5
 - a) Mismatched blood transfusion
 - b) Medical negligence
4. Explain the following statements: 5 x 4
 - a) Preservation of small bowel length is very important considering resection and anastomosis in Crohn's disease when it is needed.
 - b) Patients of abdominal surgical problems need P/R examination.
 - c) Post operative large midline incisional hernia should be treated as early as possible after three months of operation.
 - d) The edge of tuberculous ulcer is undermined.
 - e) Nulliparity is a risk factor for breast carcinoma.

5. Choose the correct option for each of the following:

10x1

i) The central venous pressure is high in:

- a) Hypovolaemic shock
- b) Anaphylactic shock
- c) Septic shock
- d) Obstructive shock

ii) Capitonage is used in treatment of:

- a) Choledochal cyst
- b) Hydatid cyst
- c) Dermoid cyst
- d) Renal cyst

iii) Technetium 99 scan produce hot spot in:

- a) Pleomorphic adenoma of parotid
- b) Adenoid cystic carcinoma of parotid
- c) Muco-epidermoid carcinoma of parotid
- d) Adenolymphoma of parotid

iv) The characteristic feature of basal cell carcinoma is:

- a) Epithelial pearls
- b) Orphan annie eye nuclei
- c) Palisading islands
- d) Cell nests

v) "Peritoneal Mice" comes from:

- a) Appendices epiploicae
- b) Pseudomyxoma peritonei
- c) Peritoneal seedlings of tumor
- d) Endometriosis

vi) Cellulitis is:

- a) Nonsuppurative and non invasive
- b) Suppurative and non invasive
- c) Nonsuppurative and invasive
- d) Suppurative and invasive

vii) A 50 kg man having 40% second degree burns. How much fluid will be required in the first 8 hours?

- a) 8 litres
- b) 4 litres
- c) 2 litres
- d) 6 litres

viii) Most common retroperitoneal tumor is:

- a) Rhabdomyosarcoma
- b) Neuroblastoma
- c) Leiomyosarcoma
- d) Liposarcoma

ix) The most effective prophylactic measure in gas gangrene is:

- a) Thorough debridement of wound
- b) Anti gas-gangrene serum in appropriate dose
- c) Thorough irrigation with normal saline
- d) Exposure to hyperbaric oxygen

x) Most common cause of benign stricture in esophagus:

- a) Achalasia cardia
- b) Foreign body in esophagus
- c) Strictures due to alkalis and caustics
- d) Congenital